

FOSTER PARENT APPLICATION

Rutherford County Department of Social Services

– All Information Herewith Strictly Confidential –

Date of Application: _____

Applicant(s) Name: _____

(First)

(Middle)

(Last)

(First)

(Middle)

(Last)

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Telephone Nos.: _____

Direction to Your Home: _____

Please Complete the Following Information.

	Wife	Husband
Date of Birth		
Place of Birth		
Height/Weight		
Race		
Social Security Number		
Education (Highest completed)		
Present Employer		
Length of Time Employed		
Hours of Work		
Annual Income from Employment		
Other Income/Source		
Eye Color		
Hair Color		

	Wife	Husband
Length of Residency In Rutherford County		
Length of Residency In North Carolina		
Present Date of Marriage		
Place of Marriage		
Previous Marriage Date		
Former Spouse's Name		
Previous Divorce Date		
Physician's Name and Address		
Religious Affiliation/Church		

Please List Below Others in Your Household.

Name of Household Member	Date of Birth/ Age	Social Security Number	Relationship to Applicant

Please List Below Four References Who Have Known You at Least Two Years.

Give Complete Addresses and Titles, Please.

(Personal References Will Be Contacted by Letter)

Reference Name	Reference Mailing Address	Reference Phone Number

Please Include a Minister Reference

Name	Address	Phone Number (Parsonage and Home)

Please Answer the Following Questions. Feel Free to Attach Additional Pages s Needed.

1. Why do you wish to take a foster child? _____

2. Have you ever applied to care for a child before? _____

3. If so, whom have you applied with and when? _____

4. How many children do you wish to board? _____ What ages? _____

What sex? _____

5. Would you consider taking a child of any age or sex -- Different from that already listed above?

_____ Yes _____ No

6. What experience have you had in caring for a child? _____

7. Have you ever cared for a child not related to you? _____ Yes _____ No

8. If so, what was that experience like? _____

9. Do you own your home? _____ Yes _____ No

10. How many rooms does your home have? _____ Bedrooms? _____

In conjunction with this application, I/we understand that a social worker will meet all the members of the household and that a foster home study will be made.

I/We understand, too, that in making this application there is no definite commitment on either side.

I/We understand that foster care is a temporary living arrangement and that a permanent living arrangement will be made for the child(ren).

I/We understand that it is the policy of the Rutherford County Department of Social Services that corporal punishment of foster children is prohibited.

(Applicant Signature - Date)

(Applicant Signature - Date)